

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/914471

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4		21					54						
5		81					55						
6	1						56						
7		1					57						
8	1						58						
9		31					59						
10		81					60						
11	1						61						
12		1					62						
13	1						63						
14		31					64						
15		81					65						
16	1						66						
17		1					67						
18		81					68						
19		81					69						
20		81					70						
21		81					71						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL	7						TOTAL						
TOTAL	14						IND.						
TOTAL							DEP.						
TOTAL	21						CLAIMS						

Best Available Copy